PROGNOSIS WORKSHEET

Citation: Johnston, SC. Rothwell, PM, et al. Validation and Refinement of Scores to Predict Very Early Stroke Risk After Transient Ischaemic Attack. Lancet.2007; 369:283-92

Are the results of this prognosis study valid?

Was a defined, representative sample of patients assembled at a common (usually early) point in the course of their disease?	This study evaluated six separate groups of patients from two separate and diverse populations. The subjects were from the San Francisco area of California and Oxford, England. The six groups included two groups that were used for derivation of the California and ABCD rules for stroke risk after TIA. The other four groups were used to validate the previous tools for stroke risk after TIA. The six groups were used together to derive a new prognostic tool for 2 day stroke risk after TIA. The vast majority of these patients (N=4809) presented within 1 day of symptom onset.
Was patient follow-up sufficiently long and complete?	The two populations of patients were followed up for short-term and long-term outcomes. The Oxford patients were all evaluated by a study neurologist shortly after diagnosis of TIA. These patients were then seen again at 1, 6, 12, and 24 months by a neurologist or a research nurse. The California groups used review of medical records to track outcomes for their population of patients.
Were objective outcome criteria applied in a "blind" fashion?	The outcome of stroke was confirmed by a study neurologist in Oxford and by review of medical records in California groups. This was not blinded.
If subgroups with different prognoses are identified, was there adjustment for important prognostic factors?	There were no specific subgroups of patients with different prognoses identified. However, one of the weaknesses of the study was that patients presenting with TIA were given various treatments at time of initial